

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.

09/857826

FILING DATE

APPLICANT(S)

10/14/03 5-10/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/	/	/	/	/	/
3	/	/	/	/	/	/
4	/	/	/	/	/	/
5	/	/	/	/	/	/
6	/	/	/	/	/	/
7	/	/	/	/	/	/
8	/	/	/	/	/	/
9	/	/	/	/	/	/
10	/	/	/	/	/	/
11	/	/	/	/	/	/
12	/	/	/	/	/	/
13	/	/	/	/	/	/
14	/	/	/	/	/	/
15	/	/	/	/	/	/
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17	/	/	/	/	/	/
18	/	/	/	/	/	/
19	/	/	/	/	/	/
20	/	/	/	/	/	/
21	/	/	/	/	/	/
22	/	/	/	/	/	/
23	/	/	/	/	/	/
24	/	/	/	/	/	/
25	/	/	/	/	/	/
26	/	/	/	/	/	/
27	/	/	/	/	/	/
28	/	/	/	/	/	/
29	/	/	/	/	/	/
30	/	/	/	/	/	/
31	/	/	/	/	/	/
32	/	/	/	/	/	/
33	/	/	/	/	/	/
34	/	/	/	/	/	/
35	/	/	/	/	/	/
36	/	/	/	/	/	/
37	/	/	/	/	/	/
38	/	/	/	/	/	/
39	/	/	/	/	/	/
40	/	/	/	/	/	/
41	/	/	/	/	/	/
42	/	/	/	/	/	/
43	/	/	/	/	/	/
44	/	/	/	/	/	/
45	/	/	/	/	/	/
46	/	/	/	/	/	/
47	/	/	/	/	/	/
48	/	/	/	/	/	/
49	/	/	/	/	/	/
50	/	/	/	/	/	/
TOTAL IND.	17	↓	2	↓	2	↓
TOTAL DEP.	17	↓	18	↓	18	↓
TOTAL CLAIMS	34		20		20	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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50						
Total Indep	2					
Total Depend	10					
Total Claims	12					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims				</		